

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 FEB 14 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021183

1. Corporation Name

Grizzly Construction CO.

2. Principal Office Address

1468 Silver Pine Lane

Suite, Apt. #, etc.

Tal. FL 32312

City & State

3. Mailing Office Address

1468 Silver Pine Lane

Suite, Apt. #, etc.

Tal. FL

City & State

Zip

Country

Leon

Zip

32312

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

3.8.1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gannon, Mike R.

Street Address (P.O. Box Number is Not Acceptable)

1468 Silver Pine Lane

Suite, Apt. #, Etc.

Tal

City

0000003746670-3
-02/22/01--01008--010
*****900.00 *****900.00

State
FL

Zip Code

32312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mike R. Gannon

REGISTERED AGENT MUST SIGN

Date 2.14.01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Michael R Gannon	1468 Silver Pine Lane	Tallahassee FL 32312
DSV	Linda F. Gannon	1468 Silver Pine Lane	Tal FL 32312

REINSTATEMENT 2000-01

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mike Gannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.14.01

Date

668-1062

Daytime Phone #

CR2E081 (9/00)